

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

33095

State File No.

BIRTH NO. 64123 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9275

I. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (In this place) 7 hrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Booth Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, d. STREET ADDRESS (If rural, give location) 338 W. Hurck

3. NAME OF DECEASED (First) Thomas (Middle) Andrew (Last) Dessau 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1953 5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Sept. 24, 1953 9. AGE (In years last birthday) 7 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Arthur Dessau 13b. MOTHER'S MAIDEN NAME Dolores Louise Trumbull 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or date of service) No No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Dessau, 338 W. Hurck St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 7 hours

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from on Sept 24, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 8:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leroy E. Ellison MD 23b. ADDRESS 3616 So Broadway, St Louis 23c. DATE SIGNED Sept 24, 1953 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/26/53 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. SEP 25 1953 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Undertaking Co, 7420 Michigan

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7420 Michigan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.